

HOWARD COUNTY PUBLIC SCHOOLS REGISTRATION FORM

Enrollment School Name: _____

Has the student ever attended a Howard County Public School? Yes No

If yes, name of school _____

Student's Legal Name (as it appears on evidence of birth):

_____ Last First Middle Suffix

Student's Preferred Name: _____

Date of Birth: ____/____/____ Gender: Male Female
Month Day Year

Birth Country: _____

U.S. Entry Date: ____/____/____ U.S. School Entry Date: ____/____/____
Month Day Year Month Day Year

Home Language: _____

Dominant Language: _____

Native Language: _____

Social Security Number (optional): _____ - _____ - _____

Student Home Phone: (____) _____ Student Cell Phone (____) _____

Student Work Phone (____) _____ Student E-mail: _____

Ethnicity (check one): Hispanic/Latino Yes No

Race (check all that apply): American Indian/Alaskan Native Asian Black/African American Native Hawaiian or other Pacific Islander White

Present Address: _____
Street

_____ City State Zip Code

Mailing Address (if different from physical address): _____
Street

_____ City State Zip Code

Previous Address: _____
Street

_____ City State Zip Code

Previous School Attended: _____ (____) _____
Name of School School Phone Number

_____ Street

_____ City State Zip Code

For Office Use Only	
ID#	_____
Grade	_____
Date	____/____/____ Code _____
Bus #	_____ Homeroom _____
Counselor	_____
Evidence of Birth	
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport/Visa
<input type="checkbox"/> Physician's Certificate	<input type="checkbox"/> Parent's Affidavit
<input type="checkbox"/> Baptismal or Church Certification	
<input type="checkbox"/> Hospital Certificate	<input type="checkbox"/> Birth Registration
<input type="checkbox"/> Other	_____
Parent Photo ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of Parental Relationship	<input type="checkbox"/> Yes <input type="checkbox"/> No
Custody Documents	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunization Records received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Out of District	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home School	_____
Proof of Residence	
<input type="checkbox"/> Deed	<input type="checkbox"/> Lease <input type="checkbox"/> Utility Bill
<input type="checkbox"/> Multiple Family	
<input type="checkbox"/> Multiple Family Proof 1	
<input type="checkbox"/> Multiple Family Proof 2	
Registrar Signature:	_____

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Has the student ever received Special Education services? Yes No 504 Services? Yes No ESOL Services? Yes No

Does the student have a current IEP? Yes No Current 504 Plan? Yes No

Student lives with: Both Parents Mother Father Guardian Caretaker Foster Parent(s) Host Parent (IES)

Are you the court-ordered parent? Yes No

Parent/Court Appointed Legal Guardian

Name: _____
First Middle Last

Mother Father Guardian Other (specify) _____

Parent/Guardian native language: _____ Interpreter needed? Yes No

Home phone:(_____) _____ Cell phone: (_____) _____ Work phone:(_____) _____

E-mail: _____

Parent/Court Appointed Legal Guardian

Name: _____
First Middle Last

Mother Father Guardian Other (specify) _____

Parent/Guardian native language: _____ Interpreter needed? Yes No

Home phone:(_____) _____ Cell phone: (_____) _____ Work phone:(_____) _____

E-mail: _____

If foster parents, placing agency: _____

Contact person: _____ Phone number:() _____

Brothers and Sisters: Please list name(s) and birth date(s)

_____	_____/_____/_____ Month Day Year	_____	_____/_____/_____ Month Day Year
_____	_____/_____/_____ Month Day Year	_____	_____/_____/_____ Month Day Year
_____	_____/_____/_____ Month Day Year	_____	_____/_____/_____ Month Day Year
_____	_____/_____/_____ Month Day Year	_____	_____/_____/_____ Month Day Year

I certify that the above information is true and that the above student legally resides in Howard County, and that the questions have been answered to the best of my knowledge.

Signature of Parent/Guardian/Caretaker: _____ Date: ____/____/____